**THE INSTITUTE OF INTERNAL AUDITORS**

**IIA Wichita Chapter**

The Institute of Internal Auditors (IIA) is a global professional organization whose purpose is to promote the practice of internal auditing. This is accomplished through training and development programs, certification programs, and ongoing development of internal auditing standards and professional practice guidance literature. The local chapter of the IIA is the Wichita Chapter.

The Wichita Chapter’s Board of Governors has created a scholarship program to assist Wichita Chapter members with the payment of The IIA annual dues.

**Scholarship Program**

The Membership Scholarship is granted to individuals who are currently members of The IIA or non-members who would like to become members, but their company does not cover the membership dues.

**Award Information**

**Scholarship award:** The IIA membership fees

**Number of Recipients:** 2

**Selection criteria:** Scholarships will be granted on a first come first serve basis. If more than two applications are received, a random number generator will be used for selection.

Applications can be submitted as of September 1st.

**Eligibility Requirements:**

* Must be or want to become a member of The IIA and be assigned to the Wichita Chapter
* Must have attended at least 5 of the most recent 9 Wichita Chapter IIA meetings
* Must work in or be retired from the audit profession
* Employer must not cover the expense

**To be considered for this scholarship:** The individual must submit the application to [chapter142@iiachaptercommunications.org](mailto:chapter142support@iiachaptercommunications.org) by the application deadline. All applicants will receive a formal email of the outcome by the selection date, each year.

Note: This scholarship program has been approved by the Board of Governors of the Wichita Chapter of The IIA. Awarding of this scholarship has been delegated to the Membership Support Committee of the Wichita Chapter of The IIA. If a conflict of interest arises on the Membership Support Committee, an objective member of the Board of Governors will be selected to award the scholarship.

**IIA Wichita Chapter**

**Membership Scholarship Application Form**

**APPLICANT INFORMATION**

**Applicant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If Retired, Former Employer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Membership ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does your Employer cover the membership expense?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEMBERSHIP SUPPORT COMMITTEE APPROVAL**

*This portion is to be completed by the Membership Support Committee*

**Meeting Dates Attended of the previous 9 meetings:**

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**Membership Support Committee Approvers:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Approval:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_